

NOTES

Public Health Improvement Partnership

Workforce Development Committee

Friday, June 4, 2004

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Co-Chairs: Sue Grinnell, Cowlitz Co.; Jack Thompson, UW.

Members: Joan Brewster, DOH; ~~Charlene Crow Shambach, Snohomish~~; ~~Kathy Deuel, DOH~~; Dorothy Gist, DOH; Nancy Goodloe, Kittitas; Maryanne Guichard, DOH; ~~Vic Harris, Tacoma Pierce~~; ~~Keith Higman, Island~~; ~~Vicki Kirkpatrick, WSALPHO~~; ~~Dennis Klukan, Yakima~~; ~~David Koch, DIS~~; ~~Debbie Lee, DOH~~; ~~Marianne Patton, Chelan Douglas~~; ~~Marianne Seifert, SBOH~~; Margaret Shield, UW; SBOH Corinne Story, Skagit; Patty Swanson, Thurston; ~~Pam Walker, Clark~~. (Strikeout = absent from the meeting)

Staff: Marie Flake, DOH; Wendy Holden, DOH; Janice Taylor, DOH.

Topic	Description	Materials
Welcome & Introductions - Jack & Sue		<ul style="list-style-type: none"> •Notes from April Meeting
Project Updates - Sue, Janice, Jack	<p>See supporting documents and Work plan update for more info.</p> <p>LMS Using LGuide was very valuable and scenarios were excellent and very useful for evaluating the various products. Work is progressing on selecting the actual vendor. Next steps include: customization of product including identifying enhancements vs. upgrades; planning for implementation; and developing a communication plan. Joint Conference on Health was suggested as a possible venue for sharing about LMS.</p> <p>Training / Performance Improvement Plan Based on input from PHELF and the subcommittee, the subcommittee has narrowed the focus from four areas to two: new coalitions and alliances and results-based accountability. The WFD Committee supported this approach. The Committee encouraged staff to keep the phrase "performance improvement" in the title of the plan.</p> <p>One of the subtopics under results-based accountability is strategic planning. The Committee suggested that the subcommittee recommend that programs (WIC, family planning, tobacco, etc.) imbed strategic planning in every program meeting so folks are frequently reminded how their role and program fit into the larger whole and link to the public health performance standards. Also employ the PHIP Communication campaign as much as possible for language and graphic. To help promote strategic planning, design tools to help folks "do" rather than "trainings" and promote it as a strategy to prevent problems.</p> <p>UW Projects Hot Topics #2 was on West Nile Virus and reached at lest 60 sites. The next Hot Topics will be on June 23 on Mental Health Preparedness.</p> <p>CDC Preparedness Center – we are still awaiting grant guidance for a competitive renewal that currently is due July 1. CDC plans to expand this grant program to add additional centers, but existing centers have priority for funding.</p>	<ul style="list-style-type: none"> •LMS Features Matrix •Vendor Demo Scorecard •Sub-committee Roster •Everybody Counts Report •Priority Topics •Sample Strategies •Sub-committee Roster

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	Montana Public Health Institute will include 6 courses over 1 week. August 2 the Summer Institute in Seattle will begin.	
Recommendations Development - Marie	<p><i>Italic indicates notes from the 4/16/04 WFD meeting, with comments groups around themes and some examples provided by Marie. This material was provided as a handout for the 6/4/04 WFD meeting and served as the discussion starting point.</i></p> <p>Learning Culture <i>We must value constant and continued learning as critical to our public health mission. Learning is an asset to the organization and essential to our organizational performance as well as a benefit to the individual employee. We must find ways to help our governing board's value constant and continued learning. We must find ways to institutionalize constant and continued learning in our agencies so that learning is not a threat to staff; staff expect to be constantly and continually learning; the culture is that it is ok to allocate time for learning during the workday, rather than only if you don't have other work to do. Managers must set a tone and organizational culture that values constant and continual learning so for example, it is ok that an employee takes a 15 minute "learning break" during the work day. We all must be continually re-tooling. What do we do with those we can't re-tool?</i></p> <p><i>The costs for constant and continual learning must be built-in, not be "add-on". We need to be more intentional in allocating training resources and not just ok for staff to attend any training / conference they chose, or the routine conferences for their program. Be planful. Consider aligning these decisions with agency strategic plans / goals. We need to employ a variety of incentives, like praise, and other non-monetary incentives. Add a component to each of the PHO Orientations about how to create a learning culture.</i></p> <ul style="list-style-type: none"> • Learning culture toward what end? • Need reward-based learning system like Yakima's skill-based pay scale • Need to help staff understand the value of cross-disciplinary synergy • Need training plans • PHIP competencies – need to finish these / approve and then market. Toward what end? • Need to interview and education ph managers about ph mission • Need a proficiency assessment tool regarding the competencies. Check into the Public Health Ready self-assessment tool. • Translate the WFD "Org Chart" to individual counties. Share Cowlitz bubble chart. • Staff need a sense of belonging – my job fits in with the larger picture. • Fieldwork (i.e. outbreak investigation) is a learning experience. How do we capitalize on this and document it? • Need to make learning everyday in the work place normal and expected. Can set aside space in the agency where journals are kept and read; with web access; schedule time at staff meetings for sharing learning. • Need a public health video game on the web. • Need to help external audience, BOH, understand the value of learning. WFD committee could provide info to help in such presentations. • LBOH need the same understanding of the ph mission as the staff. And what ph will look like 10 years from now. WE also need to teach our constituents to see the whole picture. • Need to identify incentives • Learning must translate to performance • Check into principles of learning organization in the business literature. Identify and share these. Need to identify and share leadership and management competencies and share with the WSALPHO Forums. Maybe this could be an inset 	<ul style="list-style-type: none"> • Developing Recommendations for 2004 PHIP

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	<p>box in the PHIP Report.</p> <ul style="list-style-type: none"> • Recommend specific allocation of time, in the workday, to learn. Could schedule time when staff don't answer phones (transfer phone to a specific person) and instead use the time for research, learning, etc. We have more time, money and resources than we think. We should showcase examples of how agencies are doing this. WFD committee could develop a list or tool kit of examples – i.e. 15 minute learning break.... • Meetings (i.e. WSPHO, EHD, PHND, PHELF, etc.) are learning events. How do we capitalize on this and document it? Could try to categorize meetings (associations, community professional meetings, weekly staff meetings, etc.) • Learn more about Yakima's "project" work related to "out of class" job status. • Need to change attitudes like "I'm a nurse, I don't do graphs and charts, I want to give shots". Need to help staff understand and expect that jobs will change over time. Need incentives. Maybe WFD Committee could develop a pamphlet about change – why things change and the need to get over it. Just acknowledging the problem may help to move the field along. <p>Management</p> <p><i>Getting and keeping good public health managers is a big challenge. On the recruitment side, while it is believed that systems exist to teach a person with management skills, public health, we don't pay enough to attract these folks and no system exists for teaching management skills to people with ph experience. On the retention side, once a person has good management skills, these are very transferable to most any other industry, most of which pay more for managers, making it difficult to retain good managers. (An example was given of an EH manager who took a higher paying management job at Starbucks). There needs to be a career track for public health managers.</i></p> <ul style="list-style-type: none"> • <i>Identify and link via one easily accessible web site, existing options for management training in Washington State.</i> • <i>Collect and share via the web, management tools and resources (handouts, exercises, etc..)</i> • <i>Develop a mentoring program.</i> • <i>Need to incorporate "learning to be a better manager" into managers job responsibilities</i> • <i>Need to focus on learning "soft" skills / management skills (i.e. non-technical skills)</i> • <i>Managers need systems thinking, leadership so we can form management teams. The barrier is time!</i> • <i>Need career paths for managers and those who want to remain technical experts. Explore work done in other fields.</i> <p>Succession Planning, Recruitment and Retention</p> <p><i>We need to train our existing workers; and re-train. We need to anticipate what skills will be needed in the future and re-train folks or recruit folks with these skills. We need to plan and align these plans with agency strategic plans / goals.</i></p> <ul style="list-style-type: none"> • <i>Encourage agencies to develop a strategic plan that addresses the future including future workforce needs. (See Training Plan – Results-based Accountability).</i> • <i>Encourage agencies to develop and use staff development plans (see Administrative Capacities – Human Resources).</i> • <i>Using PHIP Communications Identity platform as a foundation to develop common recruitment materials. (may involved some audience research - working professionals - in/out of state; working professionals in other fields; new graduates - masters level, MPH, health professions, IT, business, bachelors level, associate degree level, high school; pre-college; pre-high school).</i> • <i>Using these common recruitment materials, develop role specific recruitment information for selected roles (phn, eh, administrator/manager, HO, epidemiologist, IT....).</i> • <i>Identifying and working toward consensus on a common place to post job announcements.</i> 	

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	<ul style="list-style-type: none"> • Ways to work together with DOH - OCRH and their assorted programs for recruitment, loan repayment and tuition reimbursement as they re-organize and move toward a more integrated approach. • Get ph posting included on web sites for various health professions - WSMA, WSNA, eh engineering.... • How to utilize retired ph folks; CDC prevention specialists (consider a joint application among a few LHJs)? • Check in to more internships • Recommendation – work with HRSA to have public health professionals included in the Health Professions Shortage Areas (HPSA) and thereby be included in the HRSA recruitment, loan repayment, tuition reimbursement and other similar programs. • Conduct outreach to community colleges to fill entry level ph positions. <p>Curriculum Content <i>Staff need both technical skills and “soft skills” (i.e. negotiation, collaboration, partnering, leadership); need ways to develop management skills; need training in everyday ph; cultural competence.</i></p> <ul style="list-style-type: none"> • Outline content needed for various courses (i.e. Public Health 101, management in government agencies, etc) and share with educational and training providers so they can develop products to meet the need. • Consider developing a “Professional Certificate” which designates some common level of public health education and/or competence. Include building blocks of basic public health education, base on competencies. Identify competencies, then curriculum / topics, then let varying education providers deliver trainings. Check into what Montana has done. • Staff need basic skills like basic computer skills. <p>Academic issues – <i>establish a discreet vocation in public health; establish career track</i></p> <p>Delivery systems / methods – <i>Better utilize existing systems for delivery, like Regional Learning Specialists. They should have a broader focus than just preparedness. Use them. Need to address the gap between workers who are not comfortable with technology and the fact that more and more learning is delivered via technology. Need to make learning fun, even via technology. If we aim to develop a learning culture where people are constantly and continually learning, learning opportunities must be always available, in addition to the “scheduled” variety. Demand for training must also exist. This may require some culture change.</i></p> <ul style="list-style-type: none"> • Assure that DL standards are incorporated into the PHIT recommendations on technology standards and the Administrative Capacities - IT. <p><i>Additional Ideas from Marie</i> Leadership Development</p> <ul style="list-style-type: none"> • Identify and make available a variety of self-assessment tools. Include commentary on strengths and weaknesses of each tool, when and how to best use it, instructions for use and analysis • Make available a variety of self-develop planning tools. • Explore and make available mentoring materials. Develop and share outlines for mentoring programs. • Explore and make easily available on-line, materials, bibliographies, etc on various leadership topics. • PHLI / NWPHLI alumni activities? 	

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<p>Orientations Sue</p>	<p>Sue walked the committee through an overview of the big picture and key goals to: 1) integrate where possible; 2) links to PHIP Comps & Administrative Capacities; and 3) update and enrich the existing material and make available on the web. Individuals will be able to access information from a variety of views i.e. as a nursing director or generically about what a public health professional needs for orientation).</p> <p>Committee members suggested: a common glossary of terms; common tools where possible; having focus groups with each WSALPHO Forum to identify the most meaningful labels for buttons on the web site.</p>	<ul style="list-style-type: none"> •www.doh.wa.gov/pho •Orientations – The Big View •PHO – Update •PHO – Links •PHO – Crosswalk
<p>Wrap-up: Next Steps, Future Agenda Items - Jack & Sue</p>	<p>Devote sufficient time to fully understand and discuss LMS implementation.</p> <p>Would like to have a problem-solving / work session at each meeting – i.e. take one of the many difficult issues we name frequently and wrestle with possible solutions (how to move staff from x to y; how to get buy in for strategic planning)</p>	

WFD Communication Tools: <http://www.doh.wa.gov/pho/WorkforceDevelopment/default.htm>
2004 Meeting Dates: June 4; August 25; November 4
Routine Meeting Place: Wyndham Hotel, 18118 Pacific Highway South, SeaTac, WA